

The Effect of Knowledge about Exclusive Breastfeeding on Mother' Behavior in Providing Exclusive Breastfeeding

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ABSTRACT

Research shows that exclusively breastfed infants receive antibodies from breast milk that help prevent diarrheal diseases and pneumonia during the first years of their life before their bodies can produce their antibodies. There have been several published studies highlighting the benefits of exclusive breastfeeding. However, until now, there are still mothers who do not give exclusive breastfeeding to their babies for various reasons and ignorance of the importance of exclusive breastfeeding for babies. This study aims to prove the effect of maternal knowledge about exclusive breastfeeding on maternal behavior in providing exclusive breastfeeding to infants. The population consists of mothers who have toddlers domiciled in Bireuen Regency. The sampling technique used purposive sampling with inclusion criteria: having a living child aged six months to 5 years, a history of spontaneous delivery, 37-40 weeks gestational age, average birth weight, having good primitive reflexes, never in an incubator, and not having congenital abnormalities. The total sample size was 100 respondents, but one was disallowed due to incomplete instrument filling, so the data could not be processed. The research instrument was a questionnaire containing open and closed questions taken cross-sectionally. Data collection was conducted door-to-door from June to August 2023. Samples that met the inclusion criteria were obtained from the local village midwife. Data processing was performed univariate and bivariate on the variables of knowledge about exclusive breastfeeding and maternal behavior in providing exclusive breastfeeding using descriptive statistical tests and simple linear regression. The results of the study for the characteristics of respondents showed that most respondents were between 30-40 years old (5.5%), the majority of respondents' education was undergraduate (39.4%), most respondents did not work (59.6%), the parity status of multiparous respondents (62.6%), the behavior of respondents did not provide exclusive breastfeeding (78.8%) and most respondents did not know about exclusive breastfeeding (55.6%). Conclusion: maternal knowledge about exclusive breastfeeding has a positive impact on maternal behavior, with a significance value (α) of 0.021, unstandardized Coefficients of 2.727, and regression coefficient of 0.191.

Keywords: influence, exclusive breastfeeding knowledge, exclusive breastfeeding, maternal behaviour

1. INTRODUCTION

The World Health Organization (WHO) and the United Nation Childrens Fund (UNICEF) in 2005 issued a new protocol on "immediate breastfeeding" as a "life-saving" measure for newborns that every health worker should know. The protocol is to have the mother's skin contact with the baby's skin immediately after birth for at least one hour and helping the mother recognize when her baby is ready to suckle. Achieving 6 months of exclusive breastfeeding depends on successful initiation of early breastfeeding within the first hour. UNICEF states that 30,000 infant deaths in Indonesia and 10 million deaths of children under five in the world each year could be prevented through exclusive breastfeeding (Depkes, 2007).

The National Policy to provide exclusive breastfeeding for 6 (six) months has been established in the Minister of Health Decree No 450/Menkes/SK/IV/2009 on exclusive breastfeeding. According to the health minister's decree number 450/MENKES/ 2004 on exclusive breastfeeding in Indonesia, exclusive breastfeeding is established for 6 months and is recommended to be continued until the child is 2 years old or older with appropriate supplementary feeding.

Exclusive breastfeeding for infants is one of the efforts to prevent death and malnutrition in infants and toddlers (Wahyuni, 2022). The World Health Organisation (WHO) recommends that infants be breastfed until 6 months of age without eating or drinking any other liquids, except vitamins, minerals, and medicines approved for medical reasons (Prasetyo, 2016). Up to 30,000 infant deaths in Indonesia and 10 million deaths of children under 5 years of age worldwide could be prevented annually through exclusive breastfeeding. The benefits of exclusive breastfeeding are also felt by breastfeeding mothers, especially in preventing postpartum hemorrhage (Rahmadhani, 2013).

Inadequate milk production is one of the factors that cause failure in exclusive breastfeeding, this is in accordance with research by Chan (2006), from 44 postpartum mothers, 44% stopped breastfeeding before the baby was 3 months old because of insufficient milk, 31% because of breast problems, 25% felt exhausted. One of the efforts to increase breast milk is to breastfeed the child regularly. The more often the child sucks the mother's nipple, there will be an increase in milk production and vice versa if the child stops breastfeeding, there will be a decrease in breast milk. When the baby starts sucking the breast milk, there will be two reflexes that will cause the milk to come out at the right time, namely the milk formation/production reflex or prolactin reflex stimulated by the prolactin hormone and the letdown reflex.

When a baby sucks the nipple of the breast, a hormone called prolactin is produced, which regulates the cells in the alveoli to produce milk called prolactin, which regulates the cells in the alveoli to produce milk. The milk is collected into the milk ducts. Second, the let-down reflex. The baby's suction will also stimulate the production of another hormone, oxytocin, which makes the muscle cells around the alveoli contract, so that the milk is pushed towards the nipple. Thus, the more the baby sucks, the more milk is produced (Perinasia, 2006).

Postpartum preparation for primiparous mothers will certainly be different from multiparous mothers, primiparous mothers have never experienced, and have very little information in terms of caring for babies and breastfeeding. The low level of exclusive breastfeeding is influenced by the age factor, namely mothers aged 18 years will be different in going through the postpartum period and breastfeeding compared to mothers aged 40 years (Maritalia, 2017).

Based on data from the 2016 Basic Health Study (Riskesdas), exclusive breastfeeding in children aged <6 months was 40% less. These achievements show that nationally, the rate of achieving the goal of exclusive breastfeeding is still very far from the predetermined target of 80%. This is because public awareness of breastfeeding promotion is still relatively low. In fact, there is no match for the quality of breast milk, including formula milk. In addition, the knowledge of mothers about exclusive breastfeeding and its benefits for infants is also low (Kemenkes RI, 2017).

Data from the Provincial Health Profile of Nanggroe Aceh Darussalam (2019) shows that only 27,339 babies were exclusively breastfed or 27.0% of the total 101,140 babies. The districts with the lowest coverage are: (1). Sabang, with 108 or 15.7% of infants exclusively breastfed. (2). Simeulue, 119 babies or 11.%. (3). Bener Meriah, 397 babies or 14.4%. The districts with the most exclusive breastfeeding were Bireuen, with 3,925 babies or 44.7%, Aceh Besar, with 2,663 or 33.7% and Aceh Tengah, with 2,323 or 58.8% (Profil Kesehatan NAD, 2019).

Based on data from the 2019 Bireuen Health Office, Peusangan sub-district has the highest number of babies, namely 1,198 babies aged 0-6 months out of all babies in Bireuen district. Of these babies, only 726 or 60.6% were exclusively breastfed, while the rest were breastfed with complementary foods (Dinkes Bireuen, 2019).

2. LITERATURE REVIEW AND HYPOTHESIS

2.1 Parity

Parity in a broad sense includes gravida (number of pregnancies), partus (number of births), and abortus (number of miscarriages), while in a special sense it is the number or number of children born. Parity is said to be high when a woman gives birth to her fourth or more child. A woman who is aware of having three children and another pregnancy occurs, her health will begin to decline, experience less blood and bleeding through the birth canal (Nurhariyanto, 2009).

Parity indicates the number of previous pregnancies that have reached the limit of viability and have been delivered, regardless of the number of children. Triplet births only count as one parity (Oxorn, 2015). Parity is the birth rate of a woman (BKKBN, 2016). The number of parities is one component of parity status which is often written with the notation G-P-A, where G states the number of pregnancies (gestations), P states the number of parities, and A states the number of abortions. For example, a woman with parity status G3P1A1, means that she has been pregnant twice, with one parity and one abortion, and is currently pregnant for the third time (H.Dirckx, 2004). Based on the number, the parity of a woman can be divided into: a) Nullipara is a woman who has never given birth to a child at all b) Primipara is a woman who has given birth to a child, who is large enough to live in the outside world c) Multipara is a woman who has given birth two to four times d) Grandemultipara is a woman who has given birth to 5 or more children and usually experiences complications in pregnancy and childbirth (Manuaba, 2009).

2.2 Maternal behaviour

According to Pratama (2018), infant breastfeeding behaviour is influenced by knowledge, attitude and practice. Behaviour is an activity that arises as a result of interaction between stimuli and individuals that can be observed directly. Changes in maternal behaviour in breastfeeding infants before 6 months of age can be influenced by knowledge and attitude factors. The mother's attitude will lead to a response in the form of action to carry out the exclusive breastfeeding programme before the baby is 6 months old. Thus, maternal behaviour can be measured by knowledge, attitude and practice factors.

Mothers' knowledge about exclusive breastfeeding is also passed down from their parents. Her childhood experience of exclusive breastfeeding obtained from her parents is one of the sources of knowledge that can support the mother's level of knowledge about exclusive breastfeeding. A mother's past personal experience of exclusive breastfeeding behaviour by others she trusts shapes her attitude towards the practice. Mothers who have had previous experience tend to have a better understanding of the benefits of the management implemented, so they tend to have a better attitude (Heryani, 2010).

Low knowledge about the benefits and purposes of exclusive breastfeeding can be the cause of exclusive breastfeeding failure in infants (Wahyuningsih, 2012). Research conducted by Sariati, (2017) showed that mothers' knowledge about breastfeeding has an influence on exclusive breastfeeding. Mothers with good knowledge provide exclusive breastfeeding, but some mothers do not provide it because they only know and do not want to practice because the mother does not have the awareness to provide it. Mothers with less knowledge about breastfeeding said that they only breastfed for a few months because the milk did not come out anymore and the mother was worried that the baby was fussy which was considered hungry so that additional food was given before the age of over 6 months.

According to Nurlaeli (2018), the better the attitude, the greater the chance of breastfeeding. Mothers with higher education have a desire to breastfeed their babies compared to mothers with lower education.

Mothers with higher education nowadays find it easier to find information about breastfeeding, so they are smarter in deciding what is best for their babies. Highly educated mothers will also be smarter in responding to various formula promotions. Whereas low-educated mothers tend to believe formula milk information more easily. Mothers assume that their child will look healthier if given formula milk.

2.3 Exclusive breastfeeding

Exclusive breastfeeding is breast milk given to infants from birth to six months of age without any additional food. Exclusive breastfeeding means not giving the infant any other food or drink, including water, other than breastfeeding, except medicines and vitamin or mineral drops, where expressed breastfeeding is allowed. Exclusive breastfeeding starts from 1 hour after the birth of the baby without giving any pralacteal food such as sugar water or tajin to the newborn, breastfeeding according to the baby's needs, including night feeding and only vitamins, minerals and drugs in drops or syrups are allowed. Exclusive breastfeeding is the provision of breast milk alone to infants 0-6 months without the addition of other liquids such as formula milk, orange juice, honey, tea water, plain water and without the addition of solid foods such as bananas, papaya, milk porridge, biscuits, and rice teams (Haryono, 2014).

This is supported by the Ministry of Health of the Republic of Indonesia through the Infant and Young Child Feeding (IYCF) strategy, which recommends three stages of the gold standard of infant feeding consisting of Early Breastfeeding Initiation (IMD), exclusive breastfeeding for six months, followed by breastfeeding and complementary feeding until the child is at least two years old (Yadika, 2019).

Hypothesis

Hypothesis that will be proven in this study are:

- (Ho) There is no effect of maternal knowledge about exclusive breastfeeding on maternal behaviour in providing exclusive breastfeeding.
- (Ha) There is an effect of maternal knowledge about exclusive breastfeeding on maternal behaviour in providing exclusive breastfeeding.

3. RESEARCH AND METHOD

Data

This study is a cross sectional quantitative study, using primary data taken door to door. The population is mothers who have toddlers domiciled in Bireuen Regency. The sampling technique used purposive sampling with inclusion criteria: having a living child aged 6 months to 5 years, a history of spontaneous delivery, 37-40 weeks gestational age, normal birth weight, having good primitive reflexes, never in an incubator and not having congenital abnormalities. The total sample size was 100 respondents, but 1 respondent was disallowed due to incomplete instrument filling so that the processed data became 99 respondents. The research instrument was a questionnaire containing open and closed questions. Data collection was carried out from June to August 2023. Samples that fit the inclusion criteria were obtained from local village midwives.

Data analysis Method

Data processing and analysis through the stages of editing, coding, entry and tabulation using the spss application. During the editing process, out of 100 respondents whose data were taken, only 99 were processed, while 1 respondent had to be disallowed due to incomplete filling of the instrument so that the data could not be processed. Data processing was carried out

univariately for each variable and bivariate to test blood pressure variables (independent) and sleep quality (dependent).

1) Univariate Analysis

Univariate analysis uses descriptive statistics to determine the frequency, number and percentage of respondent characteristics including: age, education, occupation, parity status.

2) Bivariate Analysis

Bivariate analysis using linear regression test was conducted to test whether there is an effect of maternal knowledge about exclusive breastfeeding on maternal behaviour in exclusive breastfeeding for infants.

4. RESULT AND DISCUSSION

Result

Univariate Analysis

The results of univariate data processing using descriptive statistics including age, education, occupation, parity status can be seen in table 1. This data is included in the characteristics of respondents.

Table 1. Characteristics of Respondents

No	Variabel	n	(%)
1	Mum's age		
	20-30 years	41	41,4
	30-40 years	52	52,5
	> 40 years	6	6,1
	Total	99	100
2	Education		
	Bachelor's Degree	39	39
	Diploma	17	17
	High School	36	36
	Medium School	4	4
	Elementary	3	3
	Total	99	100
3	Work		
	Employed	40	40
	Not Working	59	60
	Total	99	100
4	Parity Status		
	Primiparous	37	37
	Multiparous	62	63
	Total	99	100

Based on table 1, the characteristics of respondents based on age are mostly at the age of 30-40 years, namely 52.5 respondents or around 52.5%. The characteristics of the majority of respondents' education are undergraduate, totalling 39 respondents or around 39%. The characteristics of the majority of respondents' jobs are not working (IRT), totalling 59 respondents, which is around 60%. Characteristics of parity status of the majority of multiparous 62 respondents or 63%.

Bivariate Analysis

The results of data processing for each independent variable of maternal knowledge and dependent maternal behaviour in providing exclusive breastfeeding are shown in tables 2.

Table 2: Respondents' knowledge about exclusive breastfeeding

No	Variabel	n	(%)
1	Respondent's knowledge		
	Know	44	44,4
	Don't know	55	55,6
	Total	99	100

Table 3. Respondent behaviour

No	Variabel	n	(%)
1	Respondent behaviour		
	Exclusive breastfeeding	21	21,2
	Not exclusively breastfed	78	78,8
	Total	99	100

For the independent variable of maternal knowledge about exclusive breastfeeding, it is divided into 2 categories, namely knowing and not knowing. Based on table 2, the majority of respondents did not know about exclusive breastfeeding, namely 55 respondents (55.6%). As for the variable of respondents' behaviour in providing exclusive breastfeeding, most respondents did not provide exclusive breastfeeding to their babies, namely 78 respondents or around 78.8% as shown in table 3.

Table 4. Linear regression test results

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.727	.453		6.018	.000
Respondents' Knowledge	.191	.081	.232	2.350	.021

a. Dependent Variable: Prilaku ASI Eksklusif

The results of the linear regression statistical test in Table 4 obtained a significance value of 0.021, which means that there is an influence of respondents' knowledge about exclusive breastfeeding on their behaviour in providing exclusive breastfeeding. The magnitude of the effect of respondents' knowledge about exclusive breastfeeding on their behaviour in providing exclusive breastfeeding is 0.021, which means that it is directly proportional or has a positive effect. Every 1% increase in knowledge about exclusive breastfeeding will result in a 0.021 increase in behaviour in providing exclusive breastfeeding.

4.1 DISCUSSION

Respondent Character

The number of respondents in this study was 99 people, all of whom were mothers who had babies aged between 6-59 months. Most of the respondents in this study were between 30-40 years old, namely 52%. According to Notoatmodjo (2013), the older a person is, the better his mental development processes, but at a certain age, the increase in mental development processes is as fast as when he was in his teens. Thus, we can conclude that increasing a person's age can affect the increase in knowledge he acquires, but at certain ages or towards old age as well as the acceptance or increase in knowledge will decrease. So that age affects a person's mindset, the older the age the more the endurance of capture and mindset increases so that the knowledge gained is better.

The respondents' characteristics based on education showed bachelor's degree as the highest level of education, with 39 people which corresponds to 39% of total respondents. High level of education can form progressive values in a person, especially in accepting new things, including the importance of exclusive breastfeeding for infants. Research conducted by Suyatno (2000) stated that most breastfeeding mothers with a high level of education work outside the home, the baby will be left at home with the care of grandmothers, parents, in-laws or other people who may still inherit old values in infant feeding. A high level of education among women in rural areas is not a guarantee that they will abandon the wrong traditions or habits in infant feeding, as long as the social environment in the place of residence does not support this direction. Previous research explains that mothers who have high education are able to receive information about exclusive breastfeeding well and have broader knowledge about exclusive breastfeeding compared to respondents with low education (Afriyani, 2018).

The characteristics of the respondents based on the mother's occupation from the results showed as much as 59 mothers (60%) did not have occupation and don't go to work. One of the most common reasons for mothers not breastfeeding is because they have to work. In the study, it was found that the number of working mothers who provided exclusive breastfeeding was less than that of non-working mothers.

There are demands and opportunities to work to help the family economy, some mothers choose to work outside the home. Therefore, by working, mothers cannot have full contact with their babies, as a result, mothers are more likely to give formula milk, which causes the frequency of breastfeeding to decrease and the productivity of breast milk will decrease. This situation causes mothers to stop breastfeeding, while mothers who do not work have free time and can have direct contact with the baby when breastfeeding, so that breast milk productivity becomes a lot (Widdefrita & Mohanis, 2014).

Working mothers may not provide exclusive breastfeeding because most working mothers have less time to care for their babies, while non-working mothers are more likely to provide exclusive breastfeeding, so that mothers can provide exclusive breastfeeding to their babies (Dahlan, 2013).

Respondents who provided exclusive breastfeeding in this study were mostly multiparous mothers, with 62 people (63%). Parity is associated with the mother's experience when breastfeeding. Mothers with more than one parity will be more confident and able to overcome obstacles that occur during the breastfeeding process (for example, how to overcome breast milk not coming out) so that multiparous or grande multiparous mothers are more likely to provide exclusive breastfeeding (Gobel, 2012).

Respondents' Knowledge of Exclusive Breastfeeding

The majority of respondents did not know about exclusive breastfeeding, namely 55 respondents (55.6%). The results of this study are similar to other studies which state that the level of knowledge, education, working status of the mother, and the number of children in the family have a positive effect on the frequency and pattern of breastfeeding. Research conducted by Ambarwati (2004). Mothers' lack of knowledge about exclusive breastfeeding will cause the failure of exclusive breastfeeding because mothers have no motivation to provide exclusive breastfeeding to their babies and vice versa, good maternal knowledge will cause success in exclusive breastfeeding so that mothers are motivated to provide exclusive breastfeeding to their babies (Astuti, 2013).

Notoatmodjo (2003) states that knowledge is the result of knowing and this occurs after people perceive a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Knowledge basically consists of a number of facts and theories that allow a person to be able to solve the problems he faces. Knowledge or cognitive is a very important domain in shaping a person's actions (overt behaviour).

Respondent Behaviour

From the study, it was found that most respondents whose behaviour did not provide exclusive breastfeeding (78.8%) was higher than those who behaved to provide exclusive breastfeeding (21.2%). This is in accordance with the concept that human attitudes will influence their behaviour. However, a positive attitude is not always followed by positive behaviour. Research by Permana (2006) showed that mothers' positive attitudes towards exclusive breastfeeding practices were not followed by exclusive breastfeeding. Please avoid repeating the first paragraph for the same sentence and use the second sentence to showcase your professional credentials.g of their babies. Attitude is not automatically realised in an action. The realisation of attitude into real action requires support factors from certain parties, such as health workers and people closest to the mother.

Based on the results of the linear regression statistical test, a significance value of 0.021 was obtained, which means that there is an influence of respondents' knowledge about exclusive breastfeeding on their behaviour in providing exclusive breastfeeding. This is corroborated by research conducted by Sunoto (2001) which reveals that behaviour based on knowledge will be more lasting than behaviour that is not based on knowledge (Notoadmodjo, 2002).

The effect of respondents' knowledge about exclusive breastfeeding on their behaviour in providing exclusive breastfeeding is 0.021, which means that it is directly proportional or has a positive effect. Every 1% increase in knowledge about exclusive breastfeeding will result in a 0.021 increase in behaviour in providing exclusive breastfeeding. Maternal knowledge about exclusive breastfeeding can influence mothers in providing exclusive breastfeeding. The better a mother's knowledge about the benefits of exclusive breastfeeding, the more she will exclusively breastfeed her child. Vice versa, the lower the mother's knowledge about the benefits of exclusive breastfeeding, the less likely the mother will provide exclusive breastfeeding (Rulina, 2002).

5. Conclusion

Based on the results of the description in the previous chapter, it can be concluded that:

- 1) There is an effect of maternal knowledge about exclusive breastfeeding on maternal behaviour in providing exclusive breastfeeding.

- 2) The higher the mother's knowledge about exclusive breastfeeding, the more likely the mother is to give exclusive breastfeeding to her baby.
- 3) Every increase in knowledge about exclusive breastfeeding by 1% will increase the behaviour of mothers to provide exclusive breastfeeding by 0.191.
- 4) Increasing the knowledge and improving the behavior of breastfeeding mothers in providing exclusive breastfeeding is expected to reduce infant mortality rates, improve the health of mothers and babies, and create a healthy generation.

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